

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015805

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 139

STATE FILE NUMBER

FILED MAY 6 1963

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton Township</u>	
Length of stay in 1b <u>years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>RR#5 Clinton</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WARREN</u> Middle <u>GAMALIEL</u> Last <u>ODOM</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/26/21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Retail</u>	
11a. FATHER'S NAME <u>George H. Odom</u>		11b. MOTHER'S MAIDEN NAME <u>Lela Dewey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#2</u>		17. INFORMANT <u>Lois Odom</u>	
11. BIRTHPLACE (City and state or country) <u>Sanger, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
14. NAME OF HUSBAND OR WIFE <u>Lois Odom</u>		16. INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing Injury to Chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Probable Ventricular Fibrillation</u> DUE TO (b) <u>immed.</u> DUE TO (c) <u>immed.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident - Highway 13 - Missouri</u>	
20c. TIME OF INJURY Hour <u>12</u> a.m. <u>5-1-63</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13 - Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Highway 13</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Approx. 1 AM</u> to <u>1:30 AM</u> and last saw her alive on <u>5-1-63</u> Death occurred at <u>1:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. DATE SIGNED <u>5-2-63</u>	
22b. SIGNATURE (Degree or title) <u>Richard L. King M.D.</u> <u>Henry County Coroner</u>		22c. ADDRESS <u>106 S. 2nd Clinton Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 3, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Via Auto</u>		23d. LOCATION (City, town, or county) (State) <u>Sanger, Texas</u>	
24. FUNERAL DIRECTOR <u>Consalus Clinton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 2 - 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Consalves

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

5-2-63

(M.B.)